

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106400121		CIT	Y OR TOWN	SALEM	
APPLICATION FO	R RENEWAL:	Seasor CLAS		LICEN	ISED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS	A 62 ON WHARF	TAURANT GI	ROUP			
ADDRESS 62 WHA		OT A TE	N/A 5	ZID CODE	01070	
CITY/TOWN: SAI		STATE:		ZIP CODE:	01970	
	TENCOURT, TY FONIO	PE OF LICENS	SE:Restaura	nt C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL AI	ODRESS		
DESCRIPTION OF						
	TO WHARF STREET , TWO LAVATORIES					
I hereby certify and	swear under penaltie	s of perjury tha	t:			
1. the renew	ved license will be of	f the same type	for the same	premises nov	v licensed;	
2. the licens	see has complied with	h all laws of the	Commonwe	ealth relating	to taxes; and	
3. the premi	ises are now open for	r business (If no	ot explain be	low)		
SIGNED BY:	Individual, Partne	r or Authorized	Corporate (Officer		
DATE:				EMBLOWE		ION MUMBER
DATE.	TELEPHON	NE NUMBER:			R IDENTIFICAT: dividual Social Se	
Acts of 2004, signe	ed, attest that we ared by the building in (2) the certificate o	spector and th	e head of th	he fire depart	tment for the	above
Please Check Below:			LC	CAL LICEN	SING AUTHO	ORITY
APPROVED:			Ву	:		
DISAPPROVED: [(If disapproved expl	ain)		_			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106	400122	CIT	Y OR TOWN	SALEM	
APPLICATION FOR RE	NEWAL: Se	easonal	LICENS	SED FOR 20	13
	(CLASS			YEAR
LICENSEE NAME: WI	CKED HOWL ENTERPI	RISES,INC			
DOING BUSINESS A T	HE LOBSTER SHANTY				
ADDRESS 25 FRONT ST	ГКЕЕТ				
CITY/TOWN: SALEM	STAT	TE: MA	ZIP CODE:	01970	
MANAGER: WOLF, L	EE TYPE OF LIC	CENSE:Restaura	nt CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
2. the licensee ha 3. the premises at SIGNED BY:	, BAR,TWO ENTRANCES	y that: type for the same of the Commonw (If not explain be	premises now ealth relating to low)	licensed;	E PATIO.
DATE:	TELEPHONE NUMB		(Note: NOT Indi	vidual Social Se	•
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspector a	nd the head of tl	ne fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LC By —	OCAL LICENS	ING AUTHO	DRITY
DATE:		_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1:106400131	C	TITY OR TOWN	SALEM	
APPLICATION FOR	R RENEWAL:	Seasonal CLASS	LICEN	SED FOR 20	013 YEAR
LICENSEE NAME: DOING BUSINESS		ND,INC.			
ADDRESS 75 WILS	ON STREET				
CITY/TOWN: SAL	EM	STATE: MA	ZIP CODE:	01970	
MANAGER: CYR	DARREN P. TY	PE OF LICENSE: Resta	urant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF I					
		VONED GOLF COURSE. T ERY DOOR AROUNE BA			
I hereby certify and s					
1. the renew	ed license will be o	f the same type for the sa	me premises now	licensed;	
2. the license	ee has complied wit	h all laws of the Commo	nwealth relating to	taxes; and	
3. the premis	ses are now open fo	r business (If not explain	below)		
SIGNED BY:	Individual, Partne	er or Authorized Corpora	te Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Ind	(Note: NOT Individual Social Security Number)	
Acts of 2004, signed	by the building in	re in possession (1) the conspector and the head of liquor liability insura	f the fire departı	nent for the	above
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
DATE:					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 106400132		CITY OR TO	WN SALEM	
APPLICATION F	FOR RENEWAL:	Season	al LIC	CENSED FOR 20	013
		CLAS	S		YEAR
	IE: STYLIDA, INC SS A ESSEX NY I				
ADDRESS 2 EAS	ST INDIA SQ. SUI	ΓE #122			
CITY/TOWN: S	ALEM	STATE:	MA ZIP CODE	E: 01970	
	ARKIOTIS, AMES	TYPE OF LICENS	E:Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADDRESS		_
	OF LICENSED PRE				
2,468 SQ FT. THE AREA AND A PRE		TRANCES AND FO	UR EXITS. A DINING	AREA, SHORT C	OOKING
I hereby certify ar	nd swear under pena	lties of perjury that	:		
1. the ren	newed license will be	e of the same type f	for the same premises	now licensed;	
2. the lice	ensee has complied	with all laws of the	Commonwealth relati	ing to taxes; and	
3. the pre	emises are now open	for business (If no	t explain below)		
SIGNED BY:					
	Individual, Par	tner or Authorized	Corporate Officer		
DATE:	TELEPH	HONE NUMBER:		DYER IDENTIFICAT	
			(Note: NO	Individual Social S	ecurity Number)
Acts of 2004, sig	ned by the building	g inspector and th	(1) the certificate rec e head of the fire dep y insurance required	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(II disappioved ex	.p.m.i.)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 106400133		CITY OR TOWN	SALEM
APPLICATION	N FOR RENEWAL:	Seasonal CLASS	LICENS	SED FOR 2013 YEAR
DOING BUSIN	ME: SLESAR BROS SESS A SALEM BEER DERBY STREET			
CITY/TOWN:		STATE: MA	ZIP CODE:	01970
MANAGER:	SLESAR, JOSEPH T D.			ATEGORY: All Alcohol
EMAIL ADDR		WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	N OF LICENSED PREM FICE AREA ON SECOND	MISES:		WO EMERGENCY
2. the l	renewed license will be icensee has complied woremises are now open f	ith all laws of the Com	monwealth relating to	
SIGNED BY:	Individual, Partr	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER:
Acts of 2004, s	signed by the building	inspector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belov APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	ING AUTHORITY
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106400134		CITY OR TOWN	SALEM	
APPLICATION FOR RENEWAL:	Seasonal	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: LYNDE STREET	CAFÉ INC.			
DOING BUSINESS A LYNDE ST. CA	FÉ			
ADDRESS 2 LYNDE STREET				
CITY/TOWN: SALEM	STATE: MA	ZIP CODE:	01970	
MANAGER: RUCI, PANAJOT TY	PE OF LICENSE:Rest	taurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	-			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMI				
1100 SQ FT WITH A FULL BASEMENT, 2. REAR ENTRANCE	5 SEATSBATHROOM	AND FULL KITCH	IENFRONT	AND
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the	same premises nov	licensed;	
2. the licensee has complied with	n all laws of the Comm	onwealth relating	to taxes; and	
3. the premises are now open for	business (If not expla	in below)		
SIGNED BY:				
Individual, Partner	r or Authorized Corpor	rate Officer		
DATE				
DATE: TELEPHON	IE NUMBER:			FION NUMBER: Security Number)
		(Note. <u>1401</u> III	urviduai Sociai S	security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 106400135		CITY OR TOWN SALEM	
APPLICATIO	ON FOR RENEWAL:	Seasonal	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE N	AME: MATTERA R	ESTAURANT GROUP L	LC	
DOING BUSI	NESS A MATTERA'	S CAFÉ & BAR		
ADDRESS 72	WHARF STREET			
CITY/TOWN	: SALEM	STATE: MA	ZIP CODE: 01970	
MANAGER:	MATTERA, MATTHEW	TYPE OF LICENSE: Resi	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
DESCRIPTIO	N OF LICENSED PR	EMISES:		
ENTRANCES	ONE SERVICE ENTRA		INGTWO HANDICAPPED PPED ACCESSIBLE BATHROOM TWO UTILITY CLOSETS IN THI	
I hereby certif	y and swear under pen	alties of perjury that:		
1. the	renewed license will b	oe of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	nonwealth relating to taxes; and	
3. the	premises are now ope	n for business (If not expla	in below)	
SIGNED BY				
	Individual, Pa	ertner or Authorized Corpor	rate Officer	
DATE:				
DATE:	TELEP:	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
			(110te. 1101 marvidan 50cm 5	security (valider)
Acts of 2004,	, signed by the buildir	ng inspector and the head	e certificate required by Chapt of the fire department for the rance required by Chapter 110	above
Please Check Bel			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	u expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 106400137		CITY OR TOWN	SALEM	
APPLICATION	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: THAI HUT, INC				
DOING BUSIN	NESS A THAI PLACE				
ADDRESS 2 E	AST INDIA SQUARE M	IALL			
CITY/TOWN:	SALEM	STATE: MA	ZIP CODE:	01970	
MANAGER:	NUALPRING, TY SOPHON	PE OF LICENSE:Res	taurant Ca	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	IAIL ADDRESS		-
	N OF LICENSED PREMI OOM, ONE KITCHEN, TW		EXITS		
I hereby certify	and swear under penaltie	s of perjury that:			
1. the 1	renewed license will be of	f the same type for the	same premises now	licensed;	
	licensee has complied wit	• •	-		
	premises are now open for				
	1	1 ·			
SIGNED BY:			0.00		
	Individual, Partne	r or Authorized Corpo	rate Officer		
DATE:	TEL EDUO		EMDI OVER	DENTIFICAT	ION NUMBER:
211121	TELEPHO	NE NUMBER:	(Note: NOT Ind		
Acts of 2004,	signed, attest that we ar signed by the building in and (2) the certificate o	spector and the head	of the fire depart	ment for the	above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE	ED:				
(If disapproved	explain)				
DATE:					